

	CLERK OF COURT		MONTANA MARRIAGE APPLICATION		4. STATE FILE NUMBER	
	1.MARRIAGE LICENSE NUMBER		2. COUNTY Stillwater		3. DATE LICENSE ISSUES (Month, Day, Year)	
Groom	5a. GROOM’S NAME first		Middle		Last	
	5B. SOCIAL SECURITY NO.					
	6a. RESIDENCE- State and Zip		6b. COUNTY		6c. STREET & NUMBER, CITY, TOWN OR LOCATION	
	7. BIRTHPLACE (City, County and State or Country)				8a. DATE OF BIRTH (Month, Day, Year)	
	8b. AGE					
	9a. FATHER’S NAME (First, Middle, Last)				9b. ADDRESS (City & State)	
	9c. Birthplace (State or Foreign Country)					
BRIDE	10a. MOTHER’S NAME (First, Middle, maiden Surname)				10b. ADDRESS (If Different)	
	10c. Birthplace (State or Foreign Country)					
	11. RACE-American Indian, Black, White, Etc (Specify)		12. SEX Male		EDUCATION (Specify only highest grade completed)	
			Elementary - Secondary: (0-12)		College: (1,2,3,4, or 5+)	
	14. Number of this Marriage First, Second, Etc. (Specify)		Previous Marriage			
			15a. Terminated by		15b. Name of Wife (First and Maiden Surname)	
			15c. Place of dissolution or death (County and state)		15d. Date dissolution or death (Month, Day, Year)	
OFFICIANT	16a. BRIDE’S NAME First		Middle		Last	
	16b. MAIDEN SURNAME (if different)		5B. SOCIAL SECURITY NO.			
	17a. RESIDENCE- State and Zip		17b. COUNTY		17c. STREET & NUMBER, CITY, TOWN OR LOCATION	
	18. BIRTHPLACE (City, County and State or Country)				8a. DATE OF BIRTH (Month, Day, Year)	
	8b. AGE					
	20a. FATHER’S NAME (First, Middle, Last)				20b. ADDRESS (City & State)	
	20c. Birthplace (State or Foreign Country)					
LEGAL INFORMATION AND SIGNATURES	21a. MOTHER’S NAME (First, Middle, maiden Surname)				21b. ADDRESS (If different)	
	21c. Birthplace (State or Foreign Country)					
	22. RACE-American Indian, Black, White, Etc (Specify)		12. SEX Female		EDUCATION (Specify only highest grade completed)	
			Elementary - (0-12) Secondary:		College: (1,2,3,4, or 5+)	
	Number of this marriage First, Second, Etc. (Specify)		Previous Marriage			
			15a. Terminated by		15b.Name of husband	
			15c. Place of dissolution or death (County and State)		15d. Date dissolution or death (Month, Day, Year)	
	27. DATE OF MARRIAGE (Month, Day, Year)				28. PLACE OF MARRIAGE (County)	
	29. OFFICIANT				30. RELIGIOUS OR CIVIL OFFICIAL (Specify)	
	31a. LOCAL OFFICIAL MAKING REPORT TO STATE HEALTH DEPARTMENT (Signature and Title)				31b. DATE RECEIVED BY LOCAL OFFICIAL (Month, Day, Year)	
	32a. ARE THE PARTIES RELATED? <input type="checkbox"/> Yes <input type="checkbox"/> No		32b. RELATIONSHIP		34. EITHER PARTY UNDER THE INFLUENCE OF INTOXICATING LIQUOR OR NARCOTIC DRUGS? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	33a. PRIOR APPLICATION REJECTED? <input type="checkbox"/> Yes <input type="checkbox"/> No		REASON AND DATE			
	35a. FUTURE ADDRESS- STREET & NUMBER		35B. CITY, STATE & ZIP CODE		35c. TELEPHONE NUMBER	
	WE HEREBY CERTIFY THAT THE INFORMATION PROVIDED IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF AND THAT WE ARE FREE TO MARRY UNDER THE LAWS OF THIS STATE					
	36a. BRIDE’S SIGNATURE				36b. GROOM’S SIGNATURE	
	37. SUBSCRIBED AND SWORN TO BEFORE ME THIS: Day of , 2009. Clerk of Court BY Deputy Recorded: Book Page		38. Proof of Age <input type="checkbox"/> BIRTH CERTIFICATE <input type="checkbox"/> DRIVER’S LICENSE <input type="checkbox"/> OTHER (Specify)		39. PERMISSION GRANTED PURSUANT TO 40-1-213 M.C.A. (Underage) DATE , 2 District Judge	